

DATE: _____

TO: Director of Administration

FROM: Director
Office of Education & Vocational Rehabilitation

Section 30H-VR Encumbrance Form

Insurer refuses to fund a VR Program (§30H).

Pursuant to GL c.152, §30H, this claimant requires vocational rehabilitation services. The Office of Education and Vocational Rehabilitation has authorized a DIA certified VR provider to develop and/or implement a service plan. I am requesting that funds be encumbered as follows:

Case Name _____

Case Number _____

Employer _____

Insurer _____

Certified Vendor _____

FROM

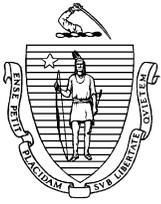
TO

Dates of Service _____

Cost of Service _____

OEVV Counselor

Director
Office of Education and



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 WASHINGTON STREET, 7TH FLOOR
BOSTON, MA 02111

Mitt Romney
Governor

Jane C. Edmonds
Director, Department of Labor and Workforce Development

Kerry Healey
Lieutenant Governor

Angelo R. Buonopane
Commissioner

Date: _____

Vendor: _____

Client: _____
Employer: _____
Insurer: _____
DIA#: _____

Dear Vendor:

You are hereby authorized to provide the following services to/for the above-named client.

SERVICE AMOUNT	DATES OF SERVICE		
	FROM	TO	
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

If you have any questions regarding this matter, please feel free to call 727-4900, Ext. _____.

Director
Office of Education and
Vocational Rehabilitation

Director of Administration

DATE: _____

TO: Director of Administration

FROM: Director
Office of Education & Vocational Rehabilitation

Section 30H-VR Payment Authorization

Insurer refuses to fund a VR Program (§30H).

Pursuant to M.G.L. c.152, § 30H, this claimant requires vocational rehabilitation services. The Office of Education and Vocational Rehabilitation has previously requested that funds be encumbered on this case for VR services.

The attached invoice has been submitted and is authorized for payment.

Case Name _____

Case Number _____

Employer _____

Insurer _____

Certified Vendor _____

FROM

TO

Dates of Service _____

Cost of Service _____

Please process payment as soon as possible.

OEVR Counselor

Director
Office of Education and
Vocational Rehabilitation